## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

Page 1

| CLAIMS AS FILED - PART I (Column 1)  |   |   |                 |                      | (Column 2)                      |                  |       | SMALL ENTITY |                        |          | OTHER THAN |  |          |  |
|--|---|---|-----------------|----------------------|---------------------------------|------------------|-------|--------------|------------------------|----------|------------|--|----------|--|
| TOTAL CLAIMS   |   |   | -38             |                      |                                 |                  | ſ     | RATE         | FEE                    |          | RATE       | FEE  | ·        |  |
| FOR  |   |   | NUMBER FILED    |                      | NUMBER EXTRA                    |                  |       | BASIC FEE    | 370.00                 | OR       | BASIC FEE  | 740.00   | ļ.       |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 38 minus 20=    |                      | . 18                            |                  | ı     | X\$ 9=       |                        | OR       | X\$18=     | 324  | i        |  |
| INDEPENDENT CLAIMS   |   |   | 22 minus 3 =    |                      | . 7                             |                  |       | X42=         |                        |          | X84=       | 7  |          |  |
|  | TIPLE DEPEN   |   |                 |                      |                                 |                  | 1     | A42=         |                        | OR       | 704=       |  |          |  |
|  |   |   |                 |                      | e °0° in column 2               |                  | Į     | +140=        |                        | OR       | +280=      |  | <b>`</b> |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                     |   |   |                 |                      |                                 |                  | TOTAL |              | OR                     | TOTAL    | 1064       |  |          |  |
| 52703 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |   |   |                 |                      |                                 | SMALL E          | NTITY | OR           | OTHER<br>SMALL I       |          |            |  |          |  |
| AMENDMENTA   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVI | HEST<br>IBER<br>IOUSLY<br>FOR   | PRESENT<br>EXTRA |       | RATE         | ADDI-<br>TIONAL<br>FEE |          | RATE       | ADDI-<br>TIONAL<br>FEE                           |          |  |
| DME  | Total   | .34                                       | Minus           | - 3                  | 38                              | - 5              |       | X\$ 9=       | -                      | OR       | X\$18≠     |  |          |  |
| MEN  | Independent   | . 2                                       | Minus           | ***                  | 3                               | <b>-</b> O       |       | X42=         |                        | OR       | X84=       | ·  |          |  |
| 4  | FIRST PRESE   | NTATION OF M                              | IULTIPLE DE     | PENDEN               | IT CLAIM                        |                  |       | +140=        |                        | OR       | +280=      |  |          |  |
|  |   |   |                 |                      |                                 |                  |       | TOTAL        |                        |          | TOTAL      |  |          |  |
| ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE   |   |   |                 |                      |                                 |                  |       |              |                        |          |            |  |          |  |
| AMENDMENT B  |   | CLAIMS REMAINING AFTER AMENDMENT          |                 | HIG<br>NU<br>PREV    | MEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RATE         | ADDI-<br>TIONAL<br>FEE |          | RATE       | ADDI-<br>TIONAL<br>FEE                           |          |  |
| 1  | Total   | . 15                                      | Minus           |                      | 38                              | •                |       | X\$ 9=       |                        | OR       | X\$18=     |  |          |  |
| MEN  | Independent   | • 3                                       | Minus           | 457                  | 3                               | •                | ]     | X42=         |                        | OR       | X84=       |  |          |  |
| 2  | FIRST PRESENTATION OF MULTIPLE DEPENDEN   |   |                 |                      | NT CLAIM                        |                  | J     | +140=        |                        |          | +280=      |  |          |  |
| _  |   |   |                 |                      |                                 |                  |       | TOTAL        |                        | OR<br>OR | TOTAL      |  |          |  |
| ٢  | planlo  | 4   |                 | 10-1                 |                                 | (Column 3)       |       | ADDIT. FEE   |                        | JOH      | ADDIT, FEE |  |          |  |
| _  | <u> </u>  | CLAIMS                                    |                 | HIC                  | HEST                            |                  | 1     |              | ADDI-                  | 1        |            | ADDI-  | ł        |  |
| S  |   | REMAINING<br>AFTER<br>AMENDMENT           |                 | PRE                  | MBER<br>MOUSLY<br>D FOR         | PRESENT<br>EXTRA |       | PATE         |                        | ٦        | PATE       | TIONAL   |          |  |
| AMENDMEN   | Total   | · 21                                      | Minus           | - 2                  | 38                              | =                |       | X\$ 9=       |                        | OR       | X\$18=     |  |          |  |
|  | Independent   | . 3                                       | Minus           | ***                  | 3                               | =                |       | X42=         |                        |          | X84=       | <del>                                     </del> | 1        |  |
| E  | FIRST PRES  | ENTATION OF                               | MULTIPLE D      | EPENDE               | NT CLAIR                        |                  | ]     |              |                        | OR       | 1          | <del>1</del>                                     | 1        |  |
| ١.   | If the entry in col   | umo 1 is less than                        | the entry in co | olumn 2. w           | ntte "O" in c                   | olumn 3.         |       | +140=        |                        | OR       | TOTAL      | 1  | ł        |  |
| of the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT, FEE |   |   |                 |                      |                                 |                  |       |              |                        |          | 1          |  |          |  |
|  | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                 |                      |                                 |                  |       |              |                        |          |            |  |          |  |

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docker Number 10/004,642

| CLAIMS AS FILED - PART I   |  |   |                     |   |              |                     | SMALL E    | OTHER THAN             |     |                |                        |
|--|--|---|---------------------|---|--------------|---------------------|------------|------------------------|-----|----------------|------------------------|
|  |  |   | (Column 1)          |   | (Column 2)   |                     | TYPE       |                        | OR  | OR SMALL ENT   |                        |
| TOTAL CLAIMS   |  |   |                     |   |              |                     | RATE       | FEE                    | ] . | RATE           | FEE                    |
| FOR  |  |   | NUMBER FILED        |   | NUMBER EXTRA |                     | BASIC FEE  | 385.00                 | OR  | BASIC FEE      | 770.00                 |
| TC   | TAL CHARGE                                     | ABLE CLAIMS                               | minus 20=           |   | *            |                     | X\$ 9=     |                        | OR  | X\$18=         |                        |
|  | DEPENDENT C                                    |   |                     | inus 3 =                                    | *            |                     | X43=       |                        | OR  | X86=           |                        |
| ML   | ILTIPLE DEPEN                                  | NDENT CLAIM P                             | RESENT              |   |              |                     | +145=      |                        | OR  | +290=          |                        |
| * If   | the difference                                 | in column 1 is                            | less than ze        | ero, enter "0" in column 2                  |              |                     | TOTAL      |                        | OR  | TOTAL          |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |                     |   |              |                     | SMALL      | ENTITY                 | OR  | OTHER<br>SMALL |                        |
|  | 1  | (Column 1)                                | T                   | HIGHE                                       |              |                     | T          |                        | 1   |                |                        |
| AMENDMENT A  | 215.05   | REMAINING<br>AFTER<br>AMENDMENT           |                     | NUME<br>PREVIO<br>PAID F                    | BER<br>USLY  | PRESENT<br>EXTRA    | RATE       | ADDI-<br>TIONAL<br>FEE |     | RATE           | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 21                                      | Minus               | * 3   | 8            | = -6                | X\$ 9=     |                        | OR  | X\$18=         |                        |
| AME  | Independent                                    | * 3<br>INTATION OF MI                     | <u> </u>            |   | 3            | = 2                 | X43=       |                        | OR  | X86=           |                        |
|  | FIRST PRESE                                    | INTATION OF MI                            | JUIPLE DEF          | PENDENI                                     | CLAIN        |                     | +145=      |                        | OR  | +290=          |                        |
|  |  |   |                     |   |              |                     | TOTAL      |                        | OR  | TOTAL          | 9                      |
|  |  |   |                     | <b>(0.</b> )                                | •            | (0.1                | ADDIT. FEE |                        |     | ADDIT. FEE     |                        |
|  |  | (Column 1)<br>CLAIMS                      |                     | (Colum                                      |              | (Column 3)          |            |                        | I 1 |                |                        |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                     | NUME<br>PREVIO<br>PAID F                    | BER<br>USLY  | PRESENT<br>EXTRA    | RATE       | ADDI-<br>TIONAL<br>FEE | ·   | RATE           | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus               | **  | •            | =                   | X\$ 9=     |                        | OR  | X\$18=         |                        |
|  | Independent                                    | *<br>NTATION OF MU                        | Minus               | ***   | CL AIM       | -                   | X43=       |                        | OR  | X86=           |                        |
|  | FIRST PRESE                                    | NIATION OF MC                             | LIPLE DEF           | ENDENT                                      | CLATIVI      |                     | +145=      |                        | OR  | +290=          |                        |
|  |  |   | TOTAL<br>ADDIT. FEE | •   | or           | TOTAL<br>ADDIT. FEE |            |                        |     |                |                        |
|  |  | (Column 1)                                |                     | (Column 3)                                  |              |                     |            |                        |     |                |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |              | PRESENT<br>EXTRA    | RATE       | ADDI-<br>TIONAL<br>FEE |     | RATE           | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus               | **  |              | =                   | X\$ 9=     |                        | OR  | X\$18=         |                        |
|  | Independent                                    | *   | Minus ***           |   | CL AUA       | =                   | X43=       | ·                      | OR  | X86=           |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                     |   |              |                     | +145=      |                        | OR  | +290=          |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                     |   |              |                     |            |                        |     |                |                        |